

### SCOPE OF PRACTICE FOR KENTUCY COMMUNITY HEALTH WORKERS

The following is a standardized scope of practice for community health workers highlighting six central roles, outlined below:

1. **Advocate for individual and community needs:** Community health worker roles include engaging communities and individuals in advocating for themselves, articulating and advocating on behalf of the needs of the community and individuals (especially those unable to speak for themselves), and understanding the resources and support available in local communities.
2. **Navigate health and human services systems:** Community health worker roles include promoting access to primary care through culturally competent outreach and enrollment strategies, making referrals and coordinating services, educating patients on the knowledge and skills needed to obtain care, providing follow-up services to facilitate continuity of care, enhancing access to coverage by assisting clients in enrolling in public assistance and other programs for which they qualify, and linking clients to and informing them of available community resources.
3. **Bridge gaps through networking with communities and health/social service systems to remove barriers:** As members of the local community, community health workers are well positioned to facilitate communication between provider and patient to clarify cultural practices, educate community members about appropriate use of the health care and social service systems, and educate the health and social service systems about community needs and perspectives.
4. **Care coordination:** As a care coordinator or care management team members, CHWs help individuals with complex health conditions to navigate the health care system and transition care from the healthcare provider to be handled in the home environment. They liaise between the target population and a variety of health, human, and social services organizations. They may support individuals by providing information on health and community resources, coordinating transportation, and making appointments and delivering appointment reminders. Additionally, CHWs may work with patients to develop care management goals and use other tools to track their progress over time (e.g., food and exercise logs). CHWs serve as a care transition coach for rural elders who were discharged from home health services or rehabilitation units.
5. **Provide health education, preventive health promotion, health coaching and reinforcement:** Community health workers provide direct services to patients and providers, including providing culturally appropriate information on health, wellness, and disease prevention and management; assisting clients in self-management of chronic illnesses and medication adherence; organizing



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and/or facilitating support groups; providing referrals and linkages to preventive services (e.g., screenings); and conducting health-related screenings.

6. **Build individual and community capacity:** Community health workers work to identify individual and community needs. They help build the capacity of individuals for wellness. They help build the capacity of communities by addressing the social determinants of health. They also mentor other community health workers to build their capacity. They promote their own professional development through continuing education and peer support.
7. **Competency-based training and credentialing program:** Kentucky is currently looking at a competency based training program which would include a standardized curriculum and certificate program for community health workers. If the program is approved for credentialing, a Community Health Worker would be certified by the state and would have to meet state guidelines to remain certified.
8. **Developing a stable source of funding:** Most Community Health Worker programs are grant funded and are always monitoring available grants to keep the program funded.

